



The Metropolitan Action Commission

Head Start Program

Community Assessment

2006

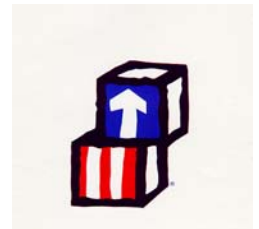
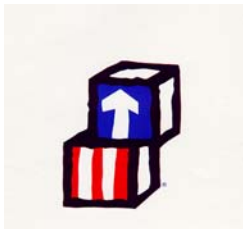


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METROPOLITAN ACTION COMMISSION

HEAD START

COMMUNITY ASSESSMENT

2006

History of the Metropolitan Action Commission

Located at 1624 5th Avenue North, the Metropolitan Action Commission (MAC) is the designated community action agency for Nashville and Davidson County. The Metropolitan Action Commission was created by an ordinance through the Metropolitan Government Council on August 12, 1964 for the purpose of securing and expending federal grants in accordance with federal regulations designed to lead to the eradication of poverty. Great Society Programs under the L. B. Johnson Presidency created the initial funding for the Metropolitan Action Commission. Although funding sources have changed several times during the past forty-two years, the Metropolitan Action Commission, as a result of the original funding, became the designated community action agency with responsibility for the creation of community programs such as education, job training, housing services, and assistance for the elderly, for the residents of Davidson County.

Funding for the Metropolitan Action Commission Head Start program is secured through federal sources, through local government sources, and through in-kind contributions. The Metropolitan Action Commission Head Start program operates under

the auspices of the Metropolitan Government of Nashville and Davidson County. The Metropolitan Action Commission is governed by a tripartite Board of Commissioners that includes representation from both public and private sectors, including local business and educational institutions, city government, and economically disadvantaged persons from the community. This Board oversees the implementation of the agency's programs including, but not limited to, financial operations. Services provided by the Metropolitan Action Commission include the Low Income Home Energy Assistance Program (LIHEAP), the Community Services Block Grant (CSBG), a Housing Counseling program, CCS, and the Head Start program. Head Start is the largest provider of pre-school childcare in Davidson County, with funding to serve 1485 children and families.

Nashville, the capital city of Tennessee, is home to almost 600,000 residents. Operating under one comprehensive government, Nashville and Davidson County provide excellent opportunities for business, education, and recreation. In addition to its designation as "Music City USA," Nashville is an economic leader in national and international business and a recognized leader in the fields of Health Care Management, Publishing and Printing, Transportation, Telecommunications, Tourism, Entertainment, and Higher Education. The economic base is diverse and expanding, enjoying heavy outside investment and consistent job growth.

Three major interstate highways converge in Nashville, making it an ideal location for business activity. A port, rail facilities and an international airport contribute to Nashville's accessibility for both tourists and business travelers. A strong pro-business attitude, support activities such as Partnership 2000 and the Tennessee Industrial Training Service, several office/industrial parks, and relatively low industrial construction costs

have enticed many major corporations to establish both production facilities and corporate headquarters in the area.

With 76 parks, Nashville boasts the highest number of parks per capita of any U.S. city. In September, 2006, Nashville was nominated for the National League of Cities Award for Municipal Excellence, honoring “outstanding programs that have significantly contributed to the quality of life in their city.” A lower cost of living with no state income tax, a wide variety of sports and cultural activities, several nationally acclaimed universities, and recognition as one of the friendliest cities in the country make Nashville a prime location for business start-ups or relocation.

The Nashville Metropolitan Statistical Area (MSA) consists of eight counties and over one million in population. The region is diverse and mirrors the national economy. It has benefited from relatively low unemployment, consistent job growth, substantial outside investment, and broadening of the labor force. Although ranked as one of Tennessee’s best counties on economic indicators, it has not remained untouched by social, health and economic problems that plague its children and low income population.

2003 Census data (U.S. Census Bureau, State and County Quick Facts) indicates that 13.5% of Davidson County residents have incomes below the poverty line. The 13.5% figure also represents poverty status statewide, as this percentage of Tennessee’s households are impoverished, compared to 12.4% of households across the United States. A significant statistic related to the status of children in Nashville is that, in the year 2000, almost 7% of all families in the Nashville area were female-headed households in poverty. In 2006, 37.6% of the female-headed households in Davidson County with children under eighteen years of age are in poverty (American Community Survey Fact

Finder, U.S. Census Bureau). When the female head of the household has less than a high school diploma, the figure rises to 47.8%. The 2006 Kids Count Data Book, published by the Annie E. Casey Foundation, indicates that 35% percent of Tennessee's children live in families where no parent has full-time, year round employment. Additionally, 21% of Tennessee's children live in poverty, with 34% percent of children in the state living in single-parent households. The Metropolitan Action Commission Head Start program exists to offset the negative impact of economic disadvantage through a comprehensive program offering nutritional, health, educational, and social services to Nashville's children in poverty. The MAC Head Start program offers full day, expanded year services to children ages three to five. As the population in Davidson County becomes more culturally diverse, the population served by Head Start also becomes more diverse, and the program is changing to meet emergent needs. As a comprehensive, community-based program, concerned with the health, education and welfare of its participants, MAC Head Start provides medical, dental, nutritional, educational, and social services, as well as comprehensive services to children with disabilities. The program actively involves parents, family members, community individuals and businesses in its operation.

The purpose of the Community Assessment is to gather information, to pinpoint relevant economic, social, and logistical problems and to identify community resources that may be helpful in meeting community needs. The goal of the Metropolitan Action Commission Head Start program is to conceive, formulate, and implement an optimally designed program, with centers strategically located across the metropolitan area, which promotes school readiness in children who bear the burden of economic adversity.

The Metropolitan Action Commission recognizes the importance of developing relationships with other social agencies in order to collaborate on strategies to improve poverty situations in the community. The Metropolitan Action Commission relies on these relationships to share information and referrals in order to close the gaps that exist in community services. By working in unison with designated partners we collectively address community needs beyond the scope of a single agency.

The 2006 Community Assessment presents information relating to the state of children and families in Davidson County, particularly those areas served by the Metropolitan Action Commission. The information is compiled based on the results of surveys, interviews with parents, child assessment data, staff knowledge of community needs, and demographic data from other sources including The United Way. Population data is taken from the U.S. Census Bureau's Davidson County, Tennessee Population and Housing Narrative Profile utilizing results of the 2004 American Community Survey. This is the most recent data available, posted December, 2005. A primary element of the Community Assessment is the utilization of parent survey responses completed by families in collaboration with MAC Head Start staff. Other data sources include the U.S. Census Bureau population statistics, the American Community Survey Profile 2004 data, the Annie E. Casey Foundation Key Indicators of Child Well-Being Reports 2004 and 2006, data from Metro Nashville Social Services, compilation of assessed community needs through client surveys and the aggregation of data reporting past services provided to clients in the Davidson County area. Additional information was taken from local and national media sources. The Assessment focuses on children and families whose income level falls below the federally established poverty line. Although the information

contained in the Assessment may be perceived as negative, it showcases the critical need for services provided through Head Start and the Community Services Block Grant in the Nashville community.

Population Data

Nashville is Tennessee's second largest city, covering 502 square miles. According to the U. S. Census Bureau American Community Survey 2004 data, the total population of Davidson County is estimated at 547,065. Of the total population, roughly 24%, or 136,766, are 18 years of age or younger, with 7.8% at age five or younger. The Hispanic population comprises 6% of the total, and is estimated at 35,332; the White population, 67% of the total, is estimated at 363,690. The Black/African-American population, estimated at 147,628, comprises 27% of the total. The American/Indian/Alaska Native population is approximately 1,706, the Asian population numbers approximately 15,761 and people falling in the "other" category total an approximate 12,092. The number of low-income residents in Davidson County is 89,171, or 16.3% of the total. The number of elderly over the age of 65 is 59,323 with 7.5%, or 4,449, living below poverty level. In addition to the above approximations, according to the Key Indicators of Child Well-Being 2004 data published by the Annie E. Casey Foundation, 27% of Nashville's children live in poverty, and 44% live in single parent homes. The 2006 Kids Count Data Book Indicators of Child Well-Being, published by the Annie E. Casey Foundation, indicates that 43% of Tennessee's children live in low-income families, with an income below 200% of the poverty level. Also according to the Casey Foundation, twenty-four percent of Nashville's 16 to 19 year olds are high school

dropouts. In fact, the 2006 edition of the Kids Count data book ranks Tennessee 46th in the nation on the composite index of all ten indicators of child well-being.

According to the U.S. Census Bureau 2004 American Community Survey Profile, the median income of households in Nashville was \$42,730. Twenty-two percent of Nashville's households received Social Security, with the average income from Social Security estimated at \$12,264. Just over sixteen percent of the total population lived in poverty, with twenty-six percent of children under 18 falling into this category. Eight percent of people aged sixty-five and older and thirty-five percent of families headed by single females were in poverty. Additionally, sixteen percent of Nashville's residents reported a disability, with forty-three percent of those over 65 afflicted by some sort of disability.

Affordable housing has become a significant issue in many metropolitan areas. Median monthly housing costs (ACS, 2004) for the Nashville area were \$1,072 for mortgage owners, \$352 for non-mortgaged owners, and \$659 for renters. Twelve percent of owners who no longer had mortgages, 32% of owners with mortgages, and 39% of renters spent at least 30% of their household income on housing. Decreasing availability in affordable housing will impact the way families seek, acquire, and maintain housing in the years to come. Housing maintenance is affected by the percentage of household income that can be applied to rent or mortgage payments.

Homelessness is a reality for many in Davidson County. The Metropolitan Government of Nashville and Davidson County, in an attempt to find and count the homeless, undertook a one night canvassing effort of the metropolitan area. A total of 1,805 homeless persons were identified during this one-night tally. This doesn't include

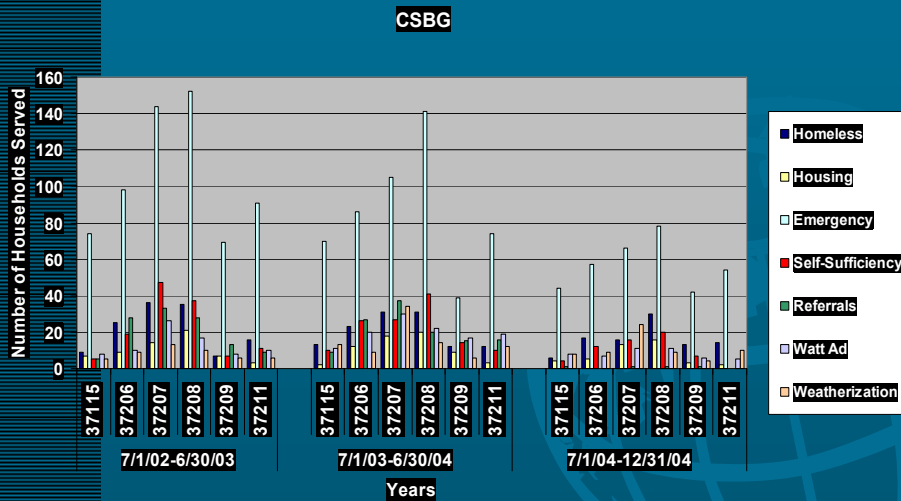
those who “double” or “triple” up with friends or family. An estimated twenty to forty percent of Nashville’s homeless are veterans; the majority are Vietnam War Veterans with subsequent mental illness. In addition, service providers have noted the following trends in the composition of the homeless population: an increase in the number of women and women with children, an increase in the number of disabled women, and an increase in the number of women with children who have lost Families First benefits and are seeking shelter and child care.

The Voice of the Homeless Survey data indicates that one-third of the homeless respondents had employment. Of that percentage, more than half (56%), worked 36 hours per week or more. More than 60% of Nashville’s homeless residents report having had a home at one time in Davidson County. Less than 15% were from outside the county. These data indicate a strong upward trend in numbers of the “working poor.” Results of a survey conducted by the Metropolitan Development and Housing Agency indicate that needs of the homeless include education and literacy. Twenty-nine percent of the homeless interviewed said they would like to attend technical school or learn a skill that would enable them to find a job. Another twenty-one percent said they would like to obtain their GED. The results of this effort indicate that service provisions to the homeless population are fragmented. The Metropolitan Action Commission is participating in provider strategy meetings to help transition the homeless into affordable standard housing.

The Metropolitan Action Commission conducted a comprehensive assessment of client data to identify the most prevalent service areas (as shown by zip code) and the demographic and educational characteristics of its client population. Information gleaned

from this assessment will be used to designate areas of program improvement and to design methods for outreach and more universal access to needed services. The typical client of the Metropolitan Action Commission is an African American female between the ages of 24 and 44, with at least some level of formal education. An analysis of August 2006 Head Start enrollment data indicates that, of parents who reported their age ranges, one parent or primary caregiver of a Head Start student was under 17, 402 were between the ages of 18 and 24, 873 were between the ages of 25 and 34, 313 listed their age as between 35 and 44, and 90 indicated they were 45 or older. Additionally, 455 of the parents of Nashville's Head Start children indicated that they had never completed high school or earned a GED. Knowledge of this information may be useful in the development of novel programs to meet specific needs of our client population and may offer insights into strategic planning designed to meet the needs of the families served by the Head Start program. Additionally, an understanding of the city zones demonstrating the greatest need will be helpful in determining future directions of the Head Start program. Data from this assessment is presented in the tables shown on the following pages.

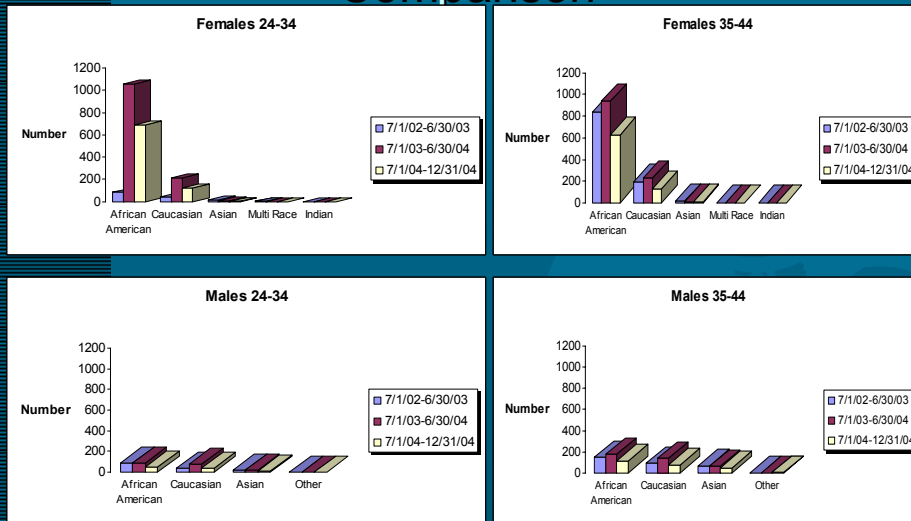
Top Six Zip Codes



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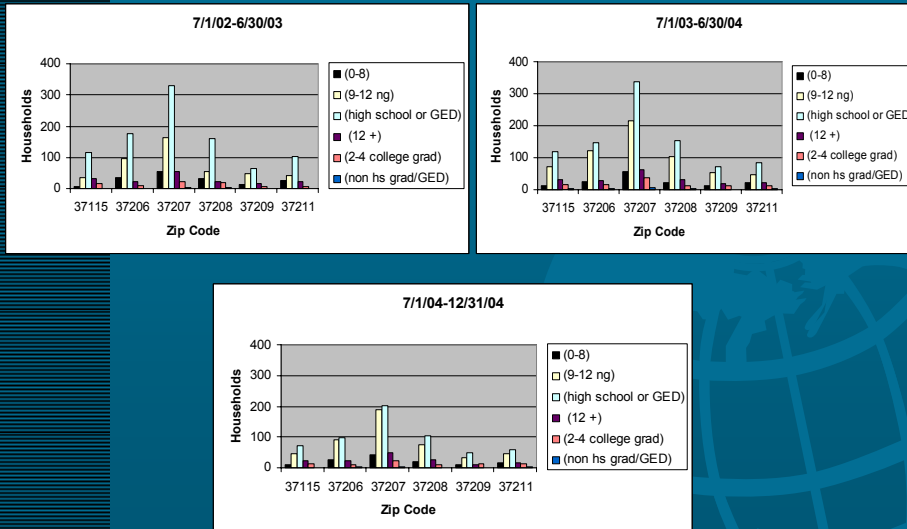
Head of Household Race/Gender/Age Comparison



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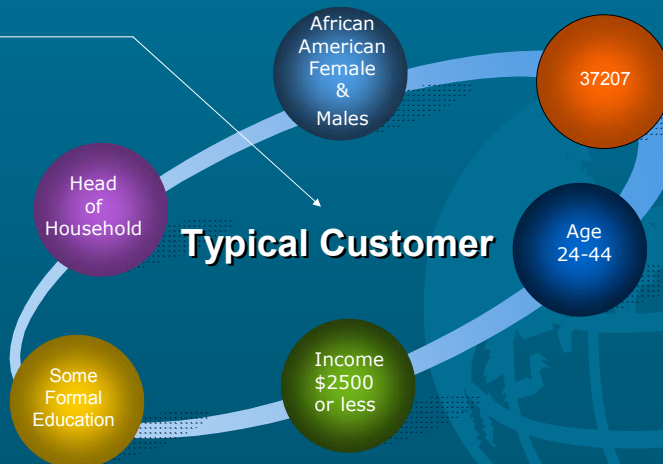
Education Comparison



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Demographic and Characteristics



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In addition to the demographic profiles and community needs discussed thus far, Nashville has experienced exponential growth in the number of foreign-born residents. Nashville's foreign-born population grew more than 200% from 1990 to 2000, a rate of almost four times the national average. Currently, approximately ten percent of Davidson County Residents are foreign-born. Tennessee ranks sixth in the United States in terms of its growth of foreign-born residents, and fourth in growth of its Hispanic population. Currently, 18% of Nashville's foreign-born residents live below the poverty line, and almost half speak limited English. The student population in the Metropolitan Nashville Public Schools speaks more than eighty languages. This creates an additional strain on a school system already burdened by the classification of 71 of its 126 schools as impoverished.

This influx of foreign born residents creates service gaps due to lack of multi-lingual service providers and presents unique assimilation difficulties due to problems securing valid United States professional credentials and subsequent employment in an immigrant's field of expertise.

Many of the new residents are immigrants of Latino, Asian, Middle Eastern, or Eastern European origin. Metro Social Services estimates Nashville's immigrant population at almost 96,000, representing over 100 countries speaking 70 different languages. The increase in Nashville's Latino population has been most dramatic, with growth from approximately 8,000 in 1990 to over 45,000 in 2001. With Nashville's immigrant population rising above 16% of the city's total residency, the city is faced with the need to explore the political, social, educational, and economic opportunities and challenges that are created by such extensive demographic shifts.

Encuentro Latino/Latin Encounter is a joint initiative, funded by the Frist Foundation and Saint Thomas Health Services, which focuses on discerning the changes created and experienced by Nashville's Latino population. The Mental Health Association of Middle Tennessee and Woodbine Community Organization, in collaboration with United Way of Metropolitan Nashville, convened this new and important initiative. Other partners include staff from the Nashville Area Chamber of Commerce, Office of Volunteer activities at Vanderbilt University, The Tennessee Justice Center, Tennessee Carpenter's Regional Council, the Council of Community Services, and a number of interested individuals.

Demographic changes in a city's population create different language, cultural, socioeconomic, and fiscal challenges, resulting in significant adjustments for both the immigrants and the natives. One of the primary barriers to assimilation into the Nashville community is language, and the lack of availability of translated information and interpretative services. Organizations such as the Woodbine Community Organization have increased services to the Latino population by providing ESL classes and other activities to facilitate adjustment.

Summary of Demographic Profiles of Eligible Children

The increase in the Nashville immigrant population is reflected in the Head Start program's enrollment. Presently, over twenty percent of the children enrolled in the Metropolitan Action Commission's Head Start program speak a language other than English at home. Of those, almost half speak Spanish. The remainder speak a variety of Asian, Eastern European, African, and Arabic languages. August 2006 Head Start program data indicates that 376 families served by the program speak a language other

than English at home. Three hundred families supplied information regarding their preferred language; the other 76 left it blank. Data indicates that 144 families enrolled in the MAC Head Start program speak Spanish at home. Seventy-three families speak Arabic, 31 families speak Somalian, 24 speak Kurdish, 12 speak Vietnamese, 6 speak Amharic, 3 speak French, 2 speak Chinese, one speaks Sinhalese, another speaks Farsi, and 3 indicated their spoken language as “other.” Since 2001, international enrollment in the MAC Head Start program has grown from 5.3% to roughly 20%, continuing to increase each year. To provide quality services to these families, MAC is continuing to increase its numbers of multilingual Family Services and Education staff.

In addition to the language and socioeconomic barriers faced by immigrants, they face the critical concern of documentation for legal status. While legal status is not required for Head Start enrollment, the logistical challenges posed by illegal status result in parents having difficulty with transportation, living expenses, etc. Many are utilizing false social security cards and driver’s licenses. In addition to the obvious legal problems this presents, the falsification of records poses problems with validity of documents used to certify income eligibility and other important verification records required for enrollment. The Metropolitan Action Commission has been in dialogue with both Metro Social Services and the Mayor’s Office of Children and Youth in order to address these challenges in order to provide quality child care to these populations.

Although the Spanish speaking community comprises Nashville’s largest immigrant population, MAC Head Start’s relationship with the international community in Nashville began in 1992, with the Kurdish community. In 2000, there were 4,500 Kurdish residents in Nashville. By 2001, the number had risen to 4,800. Over the past

five years, our Kurdish contingency has continued to grow. A result of this increase was the need for extra security for our staff members during the Iraqi elections of 2005.

While our Vietnamese population has also grown, a number of these families whose children could benefit from the program find themselves ineligible because they do not meet federal poverty guidelines.

Expansion grant funding was received in 2000 to provide services to Nashville's growing international population. Of the approximately 260 children served by the Berry Head Start site, over 160 do not speak English at home. The Berry site and the new Susan Gray site in the southeast corridor of the county provide model sites for other Head Start programs across the state and nation who find their demographics shifting. The Berry site provides access to education, parent training, opportunities for involvement, and a myriad of support functions to Nashville's immigrants. The newly built Susan Gray facility, opened in August 2006, is demographically similar to the Berry population, further evidence of Nashville's rapidly increasing diversity and to the Metropolitan Action Commission Head Start program's commitment to offer responsive service to a changing population.

The increase of almost 12% in Nashville's population between the 1990 and 2000 Census reports can be attributed to the influx of foreign born residents and growth in the African American population. In contrast, the number of residents who are White grew by only 0.01%. Evaluation of the figures proportionately indicates that the proportion of White Davidson County residents declined by 10.4%. This decrease in the White population combines with a 10.9% increase in the number of African American residents, a substantial increase in the group defined as "other," and an almost 400% increase in the

Hispanic population to create the 12% population growth. The number of Nashville Hispanic residents, negligible in 1990, reached almost 27,000 in 2000, a figure representing 14% of the total population.

The increase in the non-English speaking population brings a number of challenges in the area of communication. In 1990, there were 2,184 Hispanic/Latino people in Nashville over age five, who could not speak English “very well.” In contrast, there were almost 14,000 such individuals in Nashville in 2000, over 50% of the Hispanic population (United Way, 2003).

There were a number of significant positive changes in the Nashville community profile between 1990 and 2000. The number of individuals holding a bachelor’s degree increased by 42%, the median household income increased by 40% and the number of individuals age 65 or older meeting qualifications for poverty status dropped by over 20%. These significant positive changes increase the quality of life for a number of residents in the city.

In contrast, there were negative trends which also impact the quality of life in Davidson County. The number of those who are unemployed increased 15%, from 13,000 to over 15,000. The overall unemployment rate in Davidson County was 3.5%, and the number of individuals who were unemployed grew by 2.51% between 1990 and 2000.

Nashville also experienced a number of significant changes in the composition of family structures. In 1990, there were 131,395 families in Davidson County. In 2000, there were 138,106 families, an increase of 5.11%. Significant changes include the increased numbers of non-family households (householder living alone), the increased

number of families headed by grandparent caregivers, and the increased number of families headed by single fathers.

Of individuals aged thirty and older in Nashville, 13,141 live with one or more grandchildren under age eighteen (American Community Survey, U.S. Census Bureau, 2004). Over half (55.1%) are directly responsible for the grandchildren who live with them, and are their grandchildren's principal caregivers. The National Fatherhood Initiative reports over two million families headed by single fathers. Nashville is home to over 1100 of these families, according to 2000 Census data. The increase in single father households and grandparent headed households creates an increased need for support, education, and focused services in support of these groups.

Income level and poverty have been strongly correlated with educational attainment, as indicated by past studies by the U.S. Census Bureau (July, 2002). Surveys completed by program participants at the Metropolitan Action Commission also cite the lack of education and training as contributors to low income potential. A survey of parents in the Metropolitan Action Commission Head Start program indicated that 63% of respondents did not have a high school diploma. Fifty percent of those were willing to attend GED classes. American Community Survey data (U.S. Census Bureau, 2003) indicate that, among those Nashville residents age 25 and older, 18% do not have a high school diploma. Clearly, there is a gap in the adult literacy, job training and employment and support services offered in the Nashville and Davidson County community. The Metropolitan Action Commission has been continually involved in supporting work and independence through the educational and job training development of the community. Additionally, the Metropolitan Action Commission continues to work with other social

service agencies to build a more progressive service structure to address our clients' needs.

Community Resources Available to Head Start Families and Children

Nashville's position as a leader in the healthcare and education industries offers opportunity for parents and caregivers to access a number of related services for children in need. The Department of Special Education in Vanderbilt University's Peabody College of Education is consistently ranked among the finest in the nation. The Kennedy Center, also affiliated with Vanderbilt University, maintains progressive research initiatives in such areas as Autistic Spectrum Disorders and other neurological and/or psychiatric disorders. Community support services and institutions such as The Susan Gray School, the Bill Wilkerson Center, and the Vanderbilt University Medical Center's Center for Child Development offer significant levels of support for parents as well as for the early childhood community at large. Tennessee State University, the Davidson County Child Care Resource and Referral Group, the Tennessee Early Childhood Training Alliance, and others offer valuable resources to the Head Start Program. Nashville's position as the state capital offers access to key offices such as the Tennessee Association for the Education of Young Children branch of the National Association for the Education of Young Children and the Tennessee Commission on Children and Youth office of the state government. The Metropolitan Action Commission Head Start program is committed to the development and renewal of partnerships with other community agencies and service providers. We will increase our involvement in the broader community and cultivate relationships in order to maximize use of available funds. Further, we will expand our bi-lingual staff in order to better meet the needs of

children and families in our rapidly expanding international community. We will continually seek methods to expand both the breadth and the scope of our services, with an emphasis on efficiency. We are committed to offering children and families the highest quality education and care, remaining committed to the agency's promise:

Community Action changes lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community, and we are dedicated to helping people help themselves and each other.

The following sections of the Community Assessment are designed to provide information regarding the **Education, Health, and Social Service Needs** of children in the Metropolitan Nashville/Davidson County Area. Imbedded in this portion of the document are summaries of information on children with disabilities and additional child development programs in the county.

Education Data

According to the Tennessee Department of Human Services, there are 592 licensed child care facilities in Davidson County. These roughly six hundred facilities offer approximately 35, 900 spaces. The 2000 Census reported 37, 813 children under the age of five in Davidson County, a figure that comprises approximately 6.6% of the total population. Although the child poverty rate was lower in 2001 than at any point since 1980, it was still higher than in the late 1960's and the entire decade of the 70's. The rise in poverty in the Nashville area substantiates the critical need for Head Start services.

The Perry/High Scope Preschool Project (1999) reported that every dollar spent on quality early childhood education for high risk children saves \$7 in future

expenditures to compensate for negative outcomes later in the child's life. While the Metropolitan Pubic Schools preschool program serves just over 900 children, the Metropolitan Action Commission Head Start program serves approximately 1500, offering the greatest opportunity for children from low income families to receive quality educational preschool care.

Research indicates that children who participate in child care environments characterized by high quality classroom practices enter elementary school with better language and math skills (Tennessee Commission on Children and Youth, 2006). Additionally, children who have developed strong student-teacher relationships in child care environments have better social and critical thinking skills, language ability, and conceptual understanding of mathematics. These benefits were still evident in second grade, with children showing better cognitive skills, social skills, and more positive peer relationships than their counterparts without the benefit of a high quality preschool experience. These significant differences are most marked for children of less educated mothers.

In 1997, education spending per capita ranked Tennessee last out of 50 states, according to the Governing Magazine Source Book. Additionally, Tennessee was ranked 49th on per capita spending for elementary and secondary students and 42nd in classroom spending based on average attendance. A comparison by the Education Finance Statistics Center of the National Center for Education Statistics indicates that Nashville spends much less (19%) per student than other urban areas across the country.

The Rural Trust cited Tennessee as number one in the nation on percentage of rural communities scoring below average on its Education Climate Index. This

designation as worst in the nation comes from a measure of socioeconomic status by zip code and can be viewed as an indicator of the level of education support in the community. Components included educational attainment, income, and occupational status of residents of each zip code. While no definitive statistics exist regarding the adult literacy rate in Tennessee, estimates indicate that from one in five (20 percent) to almost two in five (39 percent) of Tennesseans are illiterate. Other estimates rank more than half of Tennesseans as functioning in the lowest two tiers of the five levels of literacy.

Other Child Care Programs

While the almost six hundred child care facilities operated in Davidson County offer approximately 35,900 spaces, both quality of care and offering of educational services are widely variable, particularly for those children for whom English is a second language. Again, the 2000 Census reported that almost 7% of the total population of Davidson County consists of children under the age of five. While the institution of a state lottery has provided expanded educational programs throughout Tennessee, practical implementation of lottery funds for Pre-K programs has been problematic. During the 2005-2006 academic year, the Metropolitan Nashville Public School System operated 23 Pre-K classrooms. During the 2006-2007 academic year, eleven additional Pre-K classrooms were added, bringing the total number of Pre-K classrooms operated by MNPS to 34. While Davidson County represents a high need area, Pre-K decisions regarding location of classrooms are often made based on space availability in buildings, rather than based on geographic areas of greatest need. Thus, many Pre-K classrooms have been opened in areas that are already being served by the Metropolitan Action

Commission Head Start program, resulting in an overlapping of catchment areas. Furthermore, although the Metropolitan Action Commission Head Start program recognizes the need for service for residents who are at the fringes of the county, the 45 minute bus rule imposed by the Tennessee Department of Human Services results in an inability to transport children from outlying areas to existing Head Start sites, which are typically located within the central city area. A primary goal of the program in the upcoming years, as evidenced in part by the Head Start Facilities Plan, is the construction of additional sites in areas of need radiating from the center of the city.

Children with Disabilities

The 1992 implementation of an early identification system designed to detect disabilities in children ages two and under has resulted in improved access to services for the very young. Tennessee Early Intervention Services (TEIS) is an early intervention program offering free assessment and service coordination for eligible children age two and younger who have developmental delays. A developmentally delayed child is one who is functioning significantly below his or her chronological age in the areas of communication, cognition, physical development, social/emotional development, or adaptive skills.

The introduction of TEIS offers many children who had previously been overlooked the opportunity to receive services early in life, at a time when intervention is especially effective. However, the annual report of the Tennessee Department of Education Advisory Council for the Education of Students with Disabilities (June 2005) indicates that identification and monitoring of young children with disabilities remains a difficult process, and that the collection of accurate data regarding the prevalence of pre-

school aged children with disabilities is problematic. Local school systems are required to locate, identify and evaluate all children in their jurisdictions between the ages of three and twenty-one who may be in need of special education and related services. The estimated number of three and four year olds in Davidson County who have disabilities is over 400. These children are located in several different environments, including community based centers staffed by special education teachers, preschool language centers housed in local schools, and Head Start. Services are also provided through, among others, Bill Wilkerson, Outlook Nashville, and Duncanwood. One of more of the following services is provided to these children and their families: physical therapy, occupational therapy, social services, speech and language therapy, transportation, family support services, vision services, family training, and special education teacher consultations.

Head Start currently serves children with disabilities in the following areas: orthopedic impairments, hearing impairments, visual impairments, speech/language impairments, and mental disabilities, such as Down Syndrome. The Metropolitan Action Commission works in conjunction with the Local Education Agency, the Metropolitan Nashville Public Schools, to provide the highest quality experience in the least restrictive environment for Nashville's preschoolers with disabilities. An increase in the type and complexities of disabilities requires increased partnerships with agencies that can provide support and training for Head Start staff and parents.

The median school years completed by the population are a factor in determination of both the educational and social needs of the area. While the median years of completed schooling in Davidson County is 9.15, the national median is 12.5.

This is a critical distinction because it highlights the large numbers of Tennessee residents who have not completed the twelve years necessary to earn a high school diploma. The Metropolitan Government of Nashville and Davidson County Department of Social Services, in its FACT PACT report on Davidson County's vulnerable residents, reports that in the 2005 academic year, the graduation rate in Davidson County was only 60.4%. Tennessee ranks 41st in the number of adults aged 25 and older who have a college degree and 46th in the number with a high school diploma. In Tennessee, 74 percent of inmates in the state's correctional facilities failed to complete high school. Tennessee's low level of educational attainment may contribute to its high ranking in the areas of violent crime (ninth in the nation). Tennessee is ranked seventh in the areas of rape, murder, and vehicle theft.

The educational levels of Head Start parents are reflective of this need for education and skill attainment. Demographics indicate that only 59% of Nashville's Head Start parents have a high school diploma, with another 22% having a GED. Results of the parent survey indicated that further educational opportunity and job training skills are among the greatest needs of our parents. It is crucial that Head Start parents acquire additional skills as average annual earnings directly reflect level of education. Lack of basic education and literacy is a serious barrier to employment, access to opportunities and information, and to comfortable participation in virtually all realms of community life. Population groups in particular need of services include immigrant groups, persons without high school diplomas, young people at risk for dropping out of school, and persons with disabilities that interfere with the acquisition of basic skills.

Community services provide tutoring, literacy training, adult basic education, and other programs designed to help people achieve literacy and at least high-school-level educational skills. A variety of programs also exist to deter young people from dropping out of school. The United Way Community Needs Assessment (2003) identified continued service gaps in the provision of employment opportunities for parents with little schooling. In an effort to assist parents with skill acquisition, the Metropolitan Action Commission Head Start program, when appropriate, assists parents in enrolling in adult basic education programs.

Although all income levels had significant real earnings growth during the decade of the 1990s, higher wage earners enjoyed larger increases than others, demonstrating a long-term trend. Young men and women who have completed a Bachelor's degree or higher earn substantially more than those who have completed no more than a high school diploma or GED (50 and 91 percent for males and females, respectively). The Rand Corporation reports that the earnings of men with college degrees have kept pace with inflation since the 1970's. In contrast, the earnings of men without a college education, when adjusted for inflation, have fallen by 14 percent for those with some college, 18 percent for those with a high school education, and 25 percent for those who failed to complete high school.

Studies show that a child's educational achievement and aspiration tend to correlate with the parents' level of educational attainment. The percentage of eighth graders demonstrating proficiency on the 1998 Writing National Assessment of Education Progress exams whose parents had not completed high school was one-third the percentages of those whose parents had graduated from college (11 percent compared

to 33 percent). Additionally, student scores on all tests in the National Educational Progress battery tend to rise as the level of parental education increases.

When the Corporation for Enterprise Development issued the 14th Annual Development Report Card for the States in 2000, Tennessee's Development Capacity, which looks at the state's economic future, was rated an "F" in the area of Human Resources and a "D" in Innovation Assets. The Human Resource score was derived from an analysis of scores on national education exams and the level of education within the state. Innovation Assets reflects the amount of research and development funding, the number of scientists and engineers, the issue of patents, and other similar indicators.

In 1998, 75 percent of Americans surveyed indicated that a college degree was more important than it had been ten years earlier. Further, 89 percent said the cost of a college education should not be allowed to limit those who desired to pursue a college degree. In light of the increased emphasis on college training, Tennessee falls far behind other states both in terms of quality of educational services and access to educational opportunity. The University of Tennessee at Knoxville, considered Tennessee's flagship state university, was ranked 44th in the U.S. News and World Report 2001 rankings. This rating compares very unfavorably to the top five rankings of the University of Virginia, the University of North Carolina at Chapel Hill, two state universities in the Georgia system, and the University of Florida. Other Southern states also outpace Tennessee in the provision of scholarship funding, although the recently instituted Tennessee Hope Scholarship is paving the way for greater numbers of deserving young men and women to achieve the goal of a college education.

It is projected that within a few years, 19% of all jobs will require a college degree, with another 25% requiring some sort of postsecondary training. It is crucial that the Metropolitan Action Commission Head Start program continues to serve as a support network to provide avenues for parents to attain higher levels of education. This in turn will empower participating parents to provide a better quality lifestyle for their families.

Education is the key to a reduction of the poverty rate in Davidson County. Early intervention involving entire families and emphasizing the vital importance of education is necessary to reverse the cycle of poverty. Head Start can facilitate the resolution of problems related to low levels of adult literacy and high levels of underachievement. Comprehensive preschool programs which involve both parents and children can lead to a better quality of life for families. As parents understand the value of education and respect its potential for moving persons into positions of economic strength, they will instill these values in their children.

Health Data

In the fall of 2003, the Tennessee State University Office of Business and Economic Research (OBER) presented the results of a Community Needs Assessment conducted for the United Way of Metropolitan Nashville. In the ranking of needs for twenty two outcome areas, four of the top five designated needs fell under the responsibility of the Community Solutions Council Promoting Health and Healing. The areas of need were (1) Physical Health, (2) Financial/Emergency Assistance, (3) Mental Health, (4) Healing from Abuse, Neglect or Violence, and (5) Recovering from Alcohol, Abuse, or Addiction.

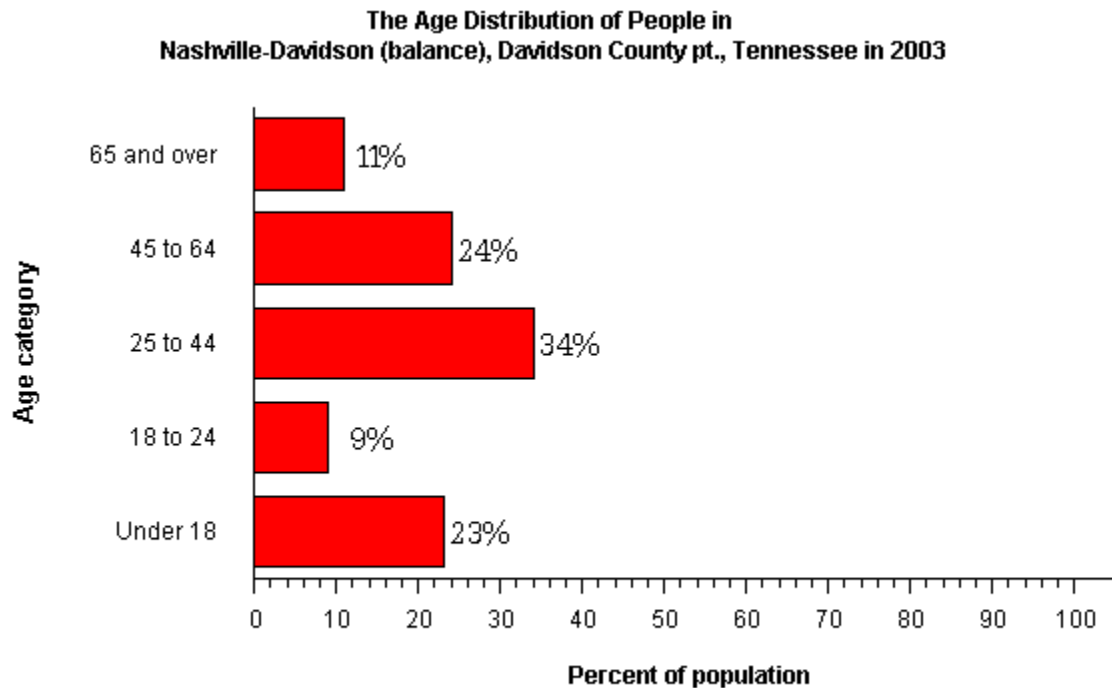
The W.F. Fox Center for Business and Economic Research at the University of Tennessee, Knoxville, ranks Tennessee 44th out of 50 in Overall Health Ranking and in the Condition of Children. Only ten states in the country have higher teen birth rates than Tennessee, although Tennessee's teen birth rate peaked in 1991 and has declined each year. Still, Tennessee is still approximately 900 babies per year above the national average for teen mothers. Teen mothers are more likely than others to drop out of school, failing to develop the skills needed for gainful employment. Consequently, they often become dependent on their families or on the government. Teen mothers are more likely both to live in poverty and to continue the cycle of poverty. Due to their age and lack of experience, they often have limited parenting skills. Statistics also indicate that children born to teen mothers often have poorer health and more difficulties in school than children born to mothers who are 20 or older.

The 2006 Kids Count Data Book indicates that children in Tennessee have a higher infant mortality rate than babies born in 46 other states. In 2003, 9.3% of all babies born in Tennessee passed away prior to their first birthday. African American infants were twice more likely to die during the first year of life than White infants. African American infants also were almost twice as likely to be of low birth weight as White infants. A 2000 study published by the Tennessee Department of Health and titled, *Trends in Low Birth Weight*, described changes from 1980-1997. The study found that the percentage of low birth weight babies increased by ten percent during that 17 year span, despite declines in many of the risk factors associated with low birth rate. Low birth rate babies are more likely to experience disabilities and health problems, including chronic asthma, epilepsy, cerebral palsy, and mental disabilities. They also

tend to have a higher level of developmental disabilities, learning disabilities, and distractibility than their normal birth weight peers.

Sweeping changes in TennCare, the state's health care program for low-income residents, have resulted in many of Nashville's children and families being left without adequate insurance or access to quality health care. Governor Phil Bredesen's website, under the heading, "Phil's Priorities," contains the following quote, "Governor Bredesen believes the unchecked growth of TennCare, the most expansive public health insurance program in the country, is the clear and present danger to the state's fiscal stability." As a result of the governor's position, TennCare has been drastically reduced, with the limited benefits more difficult to obtain than the more generous coverage available in the past. Currently, TennCare places limits on the number of doctor's visits patients can have per year, the number of lab tests, the number of inpatient days, and a number of other severe limitations. Additionally, those patients characterized as "uninsurable" have seen a movement toward limitations of their ability to obtain treatment for long-term and chronic illnesses (such as asthma and AIDS). The crisis in Tennessee's health care system is particularly devastating in context of the reality that poor and uninsured persons living in Davidson County are disproportionately African American children, females, and the elderly. Those most likely to lack health coverage are young adults between the ages of 18 and 24, people with lower levels of education, and people in households with annual incomes of less than \$25,000. These statistics are particularly important when viewed in the context of Nashville's population. The Census Bureau reports that in the year 2003, Davidson County had a household population of 521,000. 269,000 (52%) were females, 252,000 (48%) were males. The median age of residents was 35.8 years.

Twenty-three percent of the population was under 18 years, and 11% were 65 years or older (2003 ACS Narrative, U.S. Census Bureau).



Source: American Community Survey, 2003

The Metro Nashville Public Health Department's Population Data webpage indicates that in 2000, one Census Bureau figure reported a Nashville population of 569,891, with children four years and under numbering 29,711. There were 294,026 females in the community and 275,865 males. The Healthy People 2010 objective is for 100% of the United States' population to have health care coverage by the year 2010.

Prenatal Care

In Tennessee, the level of adequate prenatal care steadily improved from 67.1 percent in 1990 to 75.1 percent in 1998, an increase of almost eleven percent. Prenatal care levels in Tennessee began to improve when the Medicaid program was expanded to serve women whose incomes were above poverty level. However, the Tennessee

Commission on Children and Youth (2006) reports a dramatic decline in the number of babies in Tennessee who received adequate prenatal care, falling from 75.4% in 2000 to 64.8% in 2004. Davidson County shows an even greater decline, falling from 81.4% in 2000 to 60.2% in 2004 (TCCY, 2006). Provision of adequate prenatal care is dependent upon the exploration and understanding of the maternal, paternal and social factors contributing to the acquisition of adequate prenatal care. Prenatal care usage determinants are varied, ranging from the subtle to the obvious. The obvious factors are financial solvency, geographic location, and support. The more subtle factors include cultural and attitudinal characteristics requiring knowledge of cultural norms.

A woman endangers her child's life, and perhaps her own, by failing to seek early and regular prenatal care. A profile of women who typically do not seek prenatal care was provided in a national study reported in the May, 1994 issue of Health and Social Work. The study reported that women who did not get prenatal care tended to:

1. Have less than a high school education
2. Be unmarried and dependent on public assistance
3. Have poor support from their mates, though good support from other family members

A woman's social group and family have a lot to do with negative or positive attitudes toward pregnancy. Depression and denial, especially found in adolescents, have been associated with poor use of prenatal care. Women whose pregnancies are unwanted or untimely typically have negative attitudes about being pregnant and are more likely to delay prenatal care or to continually miss appointments (Alexander, Korenkrot, 1995).

The Metropolitan Action Commission Head Start program has joined forces to encourage prenatal care through a partnership with Americorp's Healthy Start Program. The partnership is targeted at those Head Start families who have siblings under the age of two years, as well as to assist mothers of Head Start children who are pregnant. Mothers are encouraged and assisted in the participation of prenatal care. In Davidson County, 14.9% of pregnant mothers received inadequate prenatal care in 1998.

Low Birth Weight

Low birth weight is a major cause of infant mortality, and often results in health and developmental problems for surviving infants. The care for low birth weight babies is extremely expensive. Lifetime costs for health issues resulting from low birth weight can exceed \$40,000 per child. In 2003, 9.4 percent of Tennessee's babies were low birth weight, as compared to the national average of 7.9%. With a rate almost 20% higher than the national average, Tennessee ranked worse than forty-four other states. In Davidson County, 9.8% of babies are low birth weight, a figure that exceeds the state average.

Factors common to low birth weight babies include inadequate prenatal care, teen pregnancy, poverty, and mother's use of tobacco, alcohol, or drugs. Improved and expanded family planning services would reduce unwanted and untimely pregnancies among teens. It would also lower infant mortality rates. The Metropolitan Action Commission Head Start's Family Services division continues to seek ways to provide information and resources to pregnant women, and to address the critical issues related to prenatal and infant care.

Infant Mortality

Leading factors that influence infant mortality are a lack of adequate prenatal care and low birth weight. African American infants are almost twice as likely to die prior to their first birthday as white infants. The infant mortality rate for Davidson County is 6.6 per thousand live births (Tennessee Commission on Children and Youth, 2006).

Research on African American infant mortality, conducted by the Harvard Medical School, found that African American women have higher rates of infection, bleeding, and pregnancy-induced hypertension compared to women of other races. The researchers concluded that there is probably no single cause for the higher complications in African American births, though the high incidence of teen pregnancy is a factor.

Teen Pregnancy

Teen pregnancy presents a significant challenge for Davidson County. A young woman who gives birth prior to high school graduation is less likely to complete high school than a woman without a child. Approximately 64% of teen mothers graduated from high school or earned a GED within two years after their projected graduation date, compared to approximately 94 percent of teen women who did not give birth. Failure to go further in school can limit the mother's employment options and increase the likelihood that she and her children will live in poverty (Casey Foundation, 1999).

“Children having children” is a phrase often used to describe the phenomenon of teen pregnancy. Teens are more likely than older women to have children whose health is compromised at birth due to inadequate prenatal care. Low birth weight is more common among infants of teen mothers than among babies born to women in their twenties. Teens are also at risk of giving birth to premature infants. Both low birth weight and prematurity are among the leading causes of infant mortality. Furthermore,

according to the Guttmacher report, babies born to young mothers are more likely than babies born to older mothers to have health problems during childhood and to be hospitalized.

There is a direct relationship between poverty levels, education of parents, and pregnancy rates in communities of color. Young people who live in extreme poverty with parents who have low levels of education have higher rates of pregnancy than young women who live in higher socioeconomic groups (Institute for the Study of Homelessness and Poverty, 1996). Among 15 to 17 year olds, 46% of those with income levels below the poverty line are at risk of unintentional pregnancy, compared to only one-third of those with family incomes of two and one half times the poverty level or higher. In 1998, there were 5,296 teen pregnancies and 4, 183 teen births in Tennessee. In Davidson County, 44.8% of births were babies born to women ages 15 to 17.

Behavioral and Environmental Risk Factors

A number of behavioral and environmental factors are associated with health issues. Lead poisoning is an environmental hazard that is particularly dangerous to young children. Despite the banning of lead-based paint in 1978, it can still be found in older homes, often the residences of impoverished children. More than 80 percent of homes built prior to 1980 contain lead-based paint, which, even at low levels, has been found to cause IQ deficiencies, reading and learning disabilities, impaired hearing, reduced attention spans, hyperactivity, and behavior problems. Lead is also found in contaminated soil and in water from older, lead pipe plumbing systems. Pregnant women who have lead poisoning can transfer lead to their unborn children, causing adverse

developmental effects. A blood test, the only definitive measure of lead poisoning, can be performed as young as six months of age.

Food borne pathogens represent a significant environmental risk factor for children in Nashville. Incidents of Salmonellosis (Salmonella poisoning) were at their highest levels in seven years during 2000 and 2001, with a total of 724 cases reported in 2001. Children under four years of age accounted for 35% of Salmonella poisoning cases. Campylobacteriosis is one of the most frequently occurring bacterial gastrointestinal illnesses in Tennessee. A total of 364 cases were reported in 2001, representing 6.3 per 100,000 residents. E.Coli is another disease that can be prevented through proper food preparation and hand washing. There were 59 E.Coli cases reported in 2000.

In addition to environmental factors, such as lead and other toxins, there are a number of behavioral risk factors that may predispose individuals to certain types of illnesses. The leading causes of death are heart disease, stroke, cancer, and accidents. These four health hazards were responsible for 63% of the deaths in Nashville in the year 2000. Many of those deaths could have been prevented through education, caution, and healthy lifestyle choices.

An August 29, 2006 *Trust for America's Health* report ranks Tennessee as the 6th heaviest state in the country, with adult obesity rates of 26.6 %. Obesity is a major contributing factor in heart disease, diabetes, and some forms of cancer. Heart disease is the most common cause of death in Davidson County, cancer is ranked second, and diabetes related illnesses are ranked eighth. Overweight is most common in adults between the ages of 45-64 and among African Americans, who are three times more

likely to be overweight than the rest of the population. More than two-thirds of the children served in the Metropolitan Action Commission Head Start program are African American. The greater propensity of African Americans to be overweight underscores the critical importance of providing children in the MAC Head Start program with adequate and appropriate nutrition, frequent opportunities for physical activity, and extensive health education.

Smoking is a critical behavioral risk factor. The Centers for Disease Control and Prevention estimates that one in five deaths in the United States is somehow related to smoking. More men than women smoke, and smoking is greater among Whites than African Americans. Approximately 40% of Nashville residents with less than a high school education smoke, compared to only 17% of college graduates.

Mental Health

Nashville residents experience a broad spectrum of psychological issues, ranging from short term emotional crises and relationship issues between family members to severe, long term mental illness requiring extensive medical care. Dual diagnosis of mental illness and substance abuse is also fairly common.

Mental and emotional disabilities affect approximately four percent of the Davidson County population, a figure estimated at 15,000 individuals. African Americans are disproportionately represented in these numbers. Over twelve percent of Davidson County's children under age eighteen need mental health services, although only one third or less of those have serious mental illness or emotional disturbances.

Population groups with identifiable needs include children with Attention Deficit-Hyperactivity Disorder, children and youth with emotional/behavioral problems, persons

experiencing crisis, adults with chronic mental illness, couples, families, and blended families, persons with terminal illnesses and their family members, and persons with multiple diagnoses.

Single parent families and welfare reform have been identified as contributing factors in families remaining at or below the poverty line. Stressors association with poverty and single parent families are considered contributors in increased numbers of children diagnosed with depressive disorders and hyperactivity. Community health service strategies aimed at early intervention and the provision of family support are noted as effective interventions for children who have been diagnosed as socially/emotionally disturbed.

A major challenge facing children with mental health concerns is the lack of access to mental health services. Behavioral Health Organizations (BHOs) have criteria that may impede the access to services of children without serious emotional disturbances, because they may not meet eligibility guidelines. Preschool aged children rarely meet these criteria; therefore, in the state of Tennessee, mental health resources for children are very limited. Head Start, as an early intervention program, exists to serve children and families with varying needs.

Nutrition

Hunger and homelessness represent the ongoing needs of families and individuals who lack adequate food, clothing, and shelter. Problems arise when individuals and families lack or lose the means to acquire and maintain resources, including services that enable them to achieve a greater degree of self-sufficiency. A continuous lack of food, clothing and shelter is most likely to affect low-income impoverished individuals and

families. For those families without an income or a home, meeting the immediate need for food and shelter consumes all their time and energy and, by necessity, becomes their primary focus in life. In addition to the nutritious meals and snacks provided by the Head Start program, operating in an extended calendar year, the agency attempts to provide for the city's nutritional needs through other methods. By offering a summer breakfast and lunch program, the Metropolitan Action Commission seeks to provide food for families during the time when free and reduced-priced school lunches are unavailable.

Nutrition Resources

Temporary Assistance to Needy Families provides financial assistance to low-income families. Metropolitan Social Services provides temporary financial assistance when a family has experienced a recent loss of income and support. An example of this type assistance might be paying rent in order to enable a family to avoid eviction. Women, Infants, and Children (WIC) provides food coupons for pregnant women and nursing mothers. The federal food stamp program provides food subsidies through a debit-based system for low-income persons. The Metropolitan Government of Nashville and Davidson County Department of Social Services reports that in 2005, 9.6% of Davidson County residents received food stamps (Fact Pact, 2006). Child nutrition programs provide federal funds for breakfast and lunch served in the public schools. The income of Head Start families falls in a range that allows children in the program to benefit from the CACFP reimbursement. The Supplementary Foods program provides agricultural commodities including powdered milk, rice, butter, peanut butter, cereal and flour to the elderly in low income groups.

Head Start provides nutritious meals for preschool children, some of whom would otherwise go hungry. For the parents of those children identified as being at nutritional risk or of having problems relating to nutritional deficiencies, counseling and referral services are implemented.

In juxtaposition to problems related to nutritional deficiencies are problems related to childhood obesity. Childhood obesity has become a top priority on governmental, political, and health care agendas. One in five children in the United States is overweight. Current research finds that both private and public sectors appear to be moving beyond a simplistic view of childhood obesity toward an analysis of the underlying genetic and environmental causes, in order to facilitate a multidisciplinary approach to prevention. This effort should involve schools, communities, health care professionals, preschool programs, child care centers and families who are at increased risk for childhood obesity. Early intervention could result in a substantial reduction of health care costs resulting from childhood obesity. The Metropolitan Action Commission Head Start program educates parents by encouraging the consumption of five servings of fruit and vegetables each day. Other program efforts include an emphasis on physical fitness, the provision of nutritious snacks, nutritional analysis for children, referral to WIC and the Supplemental Foods program, counseling, education, and other services as necessary. When a child is determined to be obese, a referral is made to WIC, and the Primary Care Provider is contacted to request additional support. If the Primary Care Provider does not take action, the Head Start program is limited in its ability to assist the family, but will provide support in the form of resource information and education to change family habits. Children who are obese often remain overweight into adulthood,

creating a number of weight-related health concerns. Poor eating habits must be changed if children who suffer from childhood obesity are to develop the healthy eating habits and attitudes toward exercise that will foster their development as physically fit teenagers and adults.

Social Data

The United Way Community Needs Assessment (September, 2003), compared the expressed perceived areas of needs of service providers in Davidson County with the expressed perceived needs of the community. The survey found that none of the most frequently identified unmet needs from one survey appeared on the other. This indicates that there may be a lack of understanding among groups regarding the greatest areas of need. Community members identified the top five areas of need as: homeless services; education; animal control, roads, streets, and waste; emergency services; and support for senior citizens. In contrast, service providers felt that the areas of greatest need were: affordable housing, health care, transportation, child care, and mental health.

When groups were surveyed regarding the areas of need that were most urgent, in response to the question, “If you had to pick one need for the United Way to address right now, which would you choose?” their responses were slightly more congruent. Those in the community felt that the most unmet needs were in the areas of emergency services, support for senior citizens, education, health care, workforce development and employment. In contrast, the greatest needs expressed by service providers were in the areas of affordable housing, mental health, child care, youth development, and health care. United Way utilized a number of resources and assessment tools to formulate an

accurate prioritization of the needs of Nashville residents, concurrent with corresponding service availability.

Education, Health, and Social Service Needs as Indicated by the Community

Poverty

Poverty is a pervasive community problem in Davidson County. It directly affects a large number of citizens, especially children. According to the United Way (2003) 29% of all households in Davidson County receive some type of income assistance in the form of Social Security, Supplemental Security Insurance, or Public Assistance. The problem of poverty in Nashville is compounded by the deficit in community services for the poor.

Despite a modest reduction in the number of poor children in Nashville during 1997, Nashville experienced no lessening in the severity or depth of child poverty. The child poverty gap, considered by many analysts to be the most accurate measure of child poverty, is the total amount by which the incomes of all poor children fall below the poverty line. In 1995 and 1997, the incomes of all poor children fell below the poverty line by a total of 17 billion dollars after means tested benefits (TANF, Medicaid, Food Stamps). Very young children under age three are more likely to live in poverty than any other age group. Forty four percent of children under three live in poverty (NCCP, 1997).

Per capita income in the state of Tennessee is only 89% of the national average. The United States Census Bureau reported that the average median income in Tennessee during the years 1996-1998 was \$32,397. This ranked Tennessee 41st among the 50

states in median income. However, the poorest Tennessee residents appear to be making some gains, as the Center on Budget and Policy Priorities identifies Tennessee as one of only three states where the gap in income between the poorest fifth of the population and the wealthiest fifth actually narrowed. A compounding problem in the issue of child poverty is that it continues to be viewed by many as a poverty of values, with the belief that the problems of child poverty are a result of idleness, poor parenting, single parenthood, race, low IQ, or low educational attainment.

Three aspects of the problem of poverty, inadequate housing, unemployment and underemployment, and the utilization of financial assistance programs, including TANF, have particularly important implications for Nashville residents.

Housing and Homelessness

In December, 2002, The United States Conference of Mayors completed a study of homelessness in America, *The Status Report on Hunger and Homelessness in America's Cities, 2002*. The Mayor of Nashville, Bill Purcell, chaired the task force responsible for completion of the study, which surveyed twenty-five cities regarding hunger, homelessness, and housing. The report indicated that Nashville's Section 8 program waiting list was closed. Certificates were being issued for specific programs and target populations, such as the mentally ill. Impoverished residents had been added to the waiting list, which numbered 1,800 on only two occasions in 2000 and three occasions in 2001. None were added in 2002. Twenty-three percent of Nashville's homeless residents are employed and twenty-five percent are veterans. Twenty-four percent of the homeless are families, with 65% of those headed by single parents. Fifty-six percent of the homeless are men, 15% are women, 5% are youth, 60% are African American, 35%

are White, 5% are Hispanic, and 1% is Asian. There has been a significant increase (15%) in requests for emergency shelter.

Many Tennessee families have no home or live in inadequate, substandard housing. Fair market rents are beyond the reach of many families. A worker earning minimum wage would have to work a 74 hour week to pay the rent for a two bedroom unit at fair market value. Working 40 hours per week, a minimum wage earner can afford a monthly rent of only \$267. A three person family receiving the maximum TANF grant can afford a monthly rent of only \$70. In addition to the lack of affordable housing, there are other factors contributing to homelessness in Nashville. Eroding work opportunities, the decline in public assistance, the lack of affordable health care, stagnant or falling wage rates, and less secure jobs with fewer benefits also contribute to homelessness. In a study of 777 homeless parents, most of them women, 22 percent reported having left their homes due to domestic violence. Homeless has a devastating impact on children.

Between 1990 and 2000, there was a 14.4% increase in the number of occupied housing units. The number of owner-occupied units rose by 2.79%, and the number of renter-occupied units decreased by 3.26%. The proportion of vacant housing units as a percentage of total housing units declined by 30.23%, and the homeowner and rental vacancy rates declined by 39.39% and 45.38% respectively. This decrease in available housing will impact the way families seek, acquire and maintain housing, as well as the ability of low-income families to find affordable housing, as decreased availability drives housing costs higher. The ability to maintain adequate housing is related to the percentage of household income that can be applied to rent or mortgage payments.

2006 Tennessee Housing Development Agency (THDA) Section 8 Vouchers by High Poverty



Information from Metropolitan Nashville Social Services Refugee Services

Division and other sources indicates that the poor and immigrant populations in Nashville are being dispersed toward the outer edges of the county. The gentrification of several urban areas has resulted in an upward spiral in housing costs. This, combined with the redistribution of low-cost housing in the Nashville area, creates unique challenges for the Metropolitan Action Commission Head Start program. Children who were once concentrated in the inner city regions have been moved to the outskirts of the city and dispersed across a more widespread geographic area. The Head Start facilities are located near the center of the county, making it difficult to transport eligible children within the allotted time frame. Additionally, new transportation regulations mandated by the Tennessee Department of Human Services require a maximum bus time of 45 minutes, a figure that is more restrictive than the Department of Health and Human Services guidelines and impacts the program's ability to reach as many eligible children as possible. As a result, many children who may be eligible for services are not being served, a problem that is being addressed within the context of the Metropolitan Action Commission Head Start Program Long Range Strategic Plan. The attached graph, taken from Metropolitan Social Services "Fact Pack: Nashville's Most Vulnerable Residents," demonstrates this trend.

2006 Areas of High Poverty and/or Minority Concentrations (by Census Tract)



*Areas of high poverty are defined as census tracts that have the highest (top 25%) concentration of residents below 125% of poverty level.
 ***Minority residents* are defined as anyone other than "white non-Hispanic" residents. Those census tracts with the highest (top 25%) concentrations of minority residents are defined "high".

R. Saphir - THD/4, Research & Planning

High Poverty Area*
 High Minority Area***
 Qualified Census Tract (QCT) and High Poverty Area
 Qualified Census Tract (QCT) and High Minority Area
 High Minority Area and High Poverty Area
 Qualified Census Tract (QCT), High Minority Area and High Poverty Area

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Single Parent Families

Tennessee ranks 37th among the states in the percentage of children living in single parent families, with 50 being highest (Kids Count, 2006). More than one in three Tennessee children (36 percent) lives in female headed households receiving child support or alimony (Kids Count, 2006). The poverty rate for single-parent families headed by mothers who lived in poverty was almost six times higher than the rate for married couple families with children. Within the Metropolitan Action Commission Head Start program, many children come from single parent households. An analysis of August 2006 enrollment data indicates that 1,054 of the 1,485 children enrolled in the

Metropolitan Action Commission Head Start program live in single parent households. As these families transition from TANF, they require or will soon require additional child care and educational services.

Child Care and After School Care

Low income individuals who are seeking employment frequently find themselves in need of child care. In order to comply with welfare reform guidelines, parents must either seek employment, job training, or further education. This creates a tremendous need for services to benefit the children of low income families.

The average size of a Head Start household is three persons. This indicates that Head Start moms, frequently single parents, have a need for child care for more than one child. As parents seek to meet welfare reform guidelines, they find themselves in need of child care for their Head Start children, as well as for their infants and toddlers or school-aged children.

Affordable child care for infants and toddlers and for school-aged children remains a crucial need for families. The Metropolitan Action Commission Head Start program currently provides transportation to and from local child care centers for children enrolled in the Head Start program who have infant/toddler siblings enrolled in local child care centers. Additionally, the Metropolitan Action Commission Head Start program provides before and after care services for Head Start children. While the program is successful, many parents do not take advantage of the services because the weekly fee may equal their take-home pay. Metropolitan Public Schools offers reduced funding to needy families for before and after care through its “Fun Company” project. The Metropolitan Action Commission is committed to the discovery of innovative ways

to provide these critical services while keeping costs as low as possible to support families as they seek to maintain financial solvency. As we look to the future, we will evaluate the fiscal implications, the human resources impact, and the benefit to families of continuing to operate summer after school care hours in order to adapt our program to meet the needs of a maximum number of clients in the most effective manner.

Additional Gaps in Services

Nutrition and food programs, financial and emergency assistance programs, access to public transportation, employment services and substance abuse prevention and treatment programs are also areas of need in Davidson County.

Homeless families frequently find themselves in need of programs that address substance abuse, lack of employment, and legal assistance. These families are also in need of child care and educational services to enable them to gain self-sufficiency. Housing and shelter needs are compounded by contributing factors such as substance abuse, mental illness, psychiatric emergencies, and runaway youth.

The community services that address poverty, housing needs, unemployment and financial assistance in Davidson County are faced with overwhelming demands and limited capacity to expand their services, indicating a significant need/services gap. Public agencies that provide financial and emergency assistance to the unemployed and underemployed and housing and assistance shelter are experiencing the greatest strains in services.

Substance Abuse

Substance abuse problems include addiction or dependence on alcohol or other drugs. Although the proportion of the population that directly experiences substance abuse is relatively small, the effect on the community is disproportionate to the figures, especially in those low-income areas where nearly one-third of residents reported problems with substance abuse in their neighborhoods. Community services addressing substance abuse include those targeted toward drug and alcohol education and prevention, counseling for victims of substance abuse, including families, twelve step programs, support groups, inpatient rehabilitation and detoxification, methadone treatment, and lodging and shelter. Some of the programs are geared toward particular populations, for example, young people, the incarcerated and ex-offenders, homeless persons, and veterans. The gap between the need for substance abuse treatment and prevention services and their availability in the community remains one of the greatest needs, according to the recent United Way community needs assessment. Residents of low-income neighborhoods are identified as persons most in need of services. The Metropolitan Action Commission Head Start program provides a referral program to meet the needs in this area, as well as training for parents. In addition to referrals and training in the area of substance abuse prevention, parents receive training to help prevent child abuse and neglect.

Child Abuse and Neglect

Abuse and neglect of children and elderly people and violence among families affects moderately large numbers of Nashville residents. Child abuse or neglect was reported and confirmed by authorities in 2004 for approximately 1,278 children in

Davidson County (Tennessee Commission on Children and Youth, 2006). The most prevalent forms of maltreatment are sexual abuse and exploitation, minor physical abuse, and physical neglect. Abuse and neglect also affect about one percent of adults, most of whom are elderly.

Many community service agencies address child abuse and neglect. These services conduct investigations of reports of abuse and neglect, provide a variety of counseling and support services for children and families, place children in foster care, facilitate adoption and entrance into residential programs, provide volunteer advocacy for children under jurisdiction of the courts, etc. Those services addressing abuse and neglect of adults include investigations of abuse and neglect, homemaker services, and placement in residential programs. Additional services include anti-violence programs for persons incarcerated as a result of domestic violence, victim/witness services, legal assistance, shelters, transitional housing for women and children, and group counseling for perpetrators.

A recent study indicated that one solution to the epidemic of violence is to identify symptoms of violent behavior in young children and to provide early intervention services. With reasonable accuracy, it is possible to predict which children will be prone to violence in later years. The lesson to be learned from such research is to reach at-risk children while they are still in preschool. Early intervention programs, such as Head Start, teach children important social skills that may prevent violent behavior later in life. This important social skills foundation, combined with an emphasis on cognitive skills and school readiness, provides an improved future for our most vulnerable citizens, our children.

Education, Health, and Social Service Needs as Expressed by the Head Start Community

As part of the 2006 Community Assessment, the MAC Head Start program conducted a survey of parents regarding their perceived needs. The survey data was analyzed by Dr. Samuel MacMaster and colleagues of the University of Tennessee School of Social Work. What follows is a report authored by Dr. MacMaster summarizing the information obtained through the survey.

Metropolitan Action Commission

Head Start Parent Survey

CAUTION IN INTERPRETING THE RESULTS

When reading this document it is important to remember this document is but one source for assisting the Metropolitan Action Commission (MAC) in making the best possible informed decisions when planning services for families receiving Head Start services in Nashville/Davidson County. There are significant limitations to the information that is presented here. Specifically:

- Many individuals do not access Head Start services and are therefore underrepresented and undercounted
- All of the data presented only represents the information provided by various subsets of individuals, and do not represent all service users or potential users
- Several data sources rely on the perceptions of the respondent or respondents and as such only represent that individual(s) perceptions are therefore limited.
- All data of the data presented is time limited, the assessment only provides information at a single point in time, which has passed.
- All assumptions based on the data are at best still just assumptions

INTRODUCTION

This report is prepared at the request of the Metropolitan Action Commission (MAC) to assist in the assessment of needs for persons living in poverty in Nashville/Davidson County who are receiving Head Start services. Needs assessments are crucial to the planning and development of appropriate intervention strategies as they 1) are required for the renewal of federal funding, and 2) guide the commission in promoting a quality continuum of services for individuals living in poverty.

HEAD START CLIENT SURVEY

As part of its annual needs assessment, a survey was developed and distributed to service recipients. The *Metropolitan Action Commission Community Strengths and Needs Assessment* was used to assess the needs of persons living in poverty in Metropolitan Nashville/Davidson County, Tennessee who are receiving Head Start services. The purpose of this portion of the study was to gain an understanding of clients' perceived needs.

METHODOLOGY

Survey Instrument

The survey instrument utilized in the current Needs Assessment was developed by the Community Services Division Program Director based upon feedback and recommendations provided by Community Services and Head Start workgroup. The survey was designed to include items that capture information about respondents' demographic characteristics, their need for various services, and their opinions on which services were most important to them.

Methods

Family Service Specialists served as liaisons between the program and parents in order to gain information about perceived family needs through a parent survey. Family Service Specialists were available to give clarification and offer assistance when needed. All surveys were presumably distributed and 803 completed surveys were returned, of these 14 (1.7%) were either incomplete or unreadable resulting in a sample of 789.

Analysis

Data from returned surveys were entered into a database and analyzed using the Statistical Package for Social Sciences, Version 13 (SPSS 13.0). Descriptive statistics were computed for all variables included on the Client Survey and are reported below. Many respondents did not answer every question on the survey. As such, percentages presented in various tables are calculated based upon the total number of respondents who answered that particular question, rather than being based upon a percentage of the total number of surveys. In addition, information is provided regarding the number and percentage of the total returned surveys for which information was not reported for the particular variable.

RESULTS

INFORMATION ON RESPONDENTS

Demographic Information

As can be seen in Table 1, virtually all respondents were female (88.3%). Almost two-thirds (62.4%) of service recipients either rent (54.2%) or own (8.2%) their places of residence. More than a quarter (28.7%) live in supported housing primarily through Section 8 vouchers (16.9%) or directly in public housing (11.8%).

TABLE 1

Demographic Information	N	%
Gender		
Male	91	11.7
Female	686	88.3
Not Reported	12	
Housing Situation		
Rent	418	54.2
Section 8 Voucher	130	16.9
Public Housing	91	11.8
Own Home	63	8.2
Stay with Friends or Relatives	57	7.4
Other*	12	1.6
Not Reported	18	

*One each: MDHA, income-based, someone else pays rent, shelter and motel room

Willingness to Volunteer or Participate in a Community Group

Respondents were also asked if they were willing to involve themselves in proposed activities as either a volunteer or as a participant. Nearly half (44.0%) of respondents indicated a willingness to volunteer or participate in a community group.

TABLE 2

Financial Information	N	%
Gross Household Income		
\$0 – 4,999	287	38.3
\$5,000 – 9,999	128	17.2
\$10,000 – 14,999	184	24.7
\$15,000 – 19,999	103	13.8
\$20,000 – 24,999	25	3.4
\$25,000 or higher	19	2.5
Not Reported	43	

Educational Attainment		
GED	125	21.9
High School Diploma	340	59.5
Associates Degree	47	8.2
Bachelor's Degree	46	5.8
Master's Degree	3	0.5
Not Reported	218	
Employment Status		
Not Employed	183	23.9
Employed	421	55.0
Pursuing Education	71	9.3
Seeking Employment	62	8.1
In Job Training	29	3.8
Not Reported	23	

Financial and Educational Information

As seen in Table 2, more than a third of the respondents (38.3%) reported their annual household income to be less than \$5,000, and almost all (94.1%) reported their annual household income to be less than \$20,000. The majority (55.0%) of respondents are employed, the majority of those out of the workforce (23.9%) are unemployed, while the remainder are either seeking employment or involved in educational or job training programs.

Information on Children

As can be seen in Table 3, only a few respondents (1.2%) did not have or did not report children at home. A total of one thousand and thirty-three children under age six were reported. Of the households reporting children, an average of 1.36 children were reported, and exactly half (50.0%) had only one child and almost all (87.0%) reported one or two children. Children's ages were fairly well distributed, with almost two-thirds (63.6%) reported as age four or five. Given that the sample is parents with children in Head Start, this percentage appears appropriate. More than a tenth of respondents (11.1) reported having one or more children with a disability.

TABLE 3

Information on Children	N	%
Number of Children in Household Under Age Six		
None or Not Reported	9	1.2
One	378	50.0
Two	280	37.0
Three	66	8.7
Four or more	23	3.0
Number of Children Age		
Under a Year	112	10.8
One Year Old	77	7.4
Two Years Old	110	10.6
Three Years Old	241	23.3
Four Years Old	472	45.6
Five Years Old	186	18.0
Number of Disabled Children in Household		
None	666	89.0
One or Two	58	7.8
Three or more	24	3.2
Not Reported	41	

TABLE 4

<u>Service</u>	N	PERCENTAGE
Employment	359	48.2
Child Care	293	39.3
Education	290	38.9
Housing	217	29.2
Health	190	25.5
Budget/Financial Management	138	18.5
ESL Classes	102	13.7
Nutrition	69	9.3
Emergency Services	42	5.6
Legal Services	25	3.4
Other: English Classes (2), After School Programs (2), Child Support Enforcement, Community Center, Dental, Healing Program, Neighborhood Watch, Sign Language, Transportation	18	2.4

Priority of Top Three Service Needs

As part of the survey respondents were asked to respond to a list of services and indicate if they would check the three most needed services in their community. Overall, the greatest reported service needs were employment, (nearly half of respondents (48.2%) reported this as one of the top three needs) followed by childcare and education.

Need for Dental Services

In a separate question, respondents were asked if they themselves were in need of dental services. Almost a third (32.8%) of the respondents indicated a need for dental services. Only thirty individuals did not respond to this question.

Availability of Child Development Services

Respondents were asked if there was a Head Start or Child Development Center in their community and how physically close this center was to their home. There appeared to be some confusion regarding the question asking the respondent to indicate the type of program available in their community.

TABLE 5

	N	%
Distance to Head Start		
Less than five miles	410	58.8
Five to ten miles	159	22.8
Ten to fifteen miles	104	14.9
More than fifteen miles	24	3.4
Not Reported	22	

SUMMARY

U.S. Census Data (American Community Survey, 2004) indicate that there are over 126,000 children in Davidson County. Of this number, over 26% live in households where the income is below the poverty line. Almost eight percent of Nashville's estimated 550,000 residents are children under five years of age. Results of the 2006 Community Assessment indicate that both poverty and disenfranchisement of the poor are on the increase in Nashville and Davidson County.

Use of Data to Answer Requirements of Head Start Performance Standard 1305.3

Tennessee continues to rank poorly compared to other states in all areas of child well-being, with a composite ranking of 46 out of 50 states. Only South Carolina, New Mexico, Louisiana and Mississippi fare more poorly than Tennessee on indicators of child well-being. Additionally, analysis of data compiled by the Metropolitan Nashville Department of Social Services shows the further disenfranchisement of Nashville's low-income residents through indications that they are being pushed to the fringes of the county through the lack of affordable housing. This geographic disadvantage limits their access to public transportation and often to Head Start services. Thus, the expansion of Head Start services in the outer edges of the county remains a primary goal of the agency, and is addressed in the strategic plan.

Emergent trends in the Metropolitan Nashville area include rising numbers of non-English speaking residents, expansion of Public School Pre-K programs requiring the development of creative methods for reaching and serving those children who are not currently being served, and demographic shifts, including rising urban housing costs,

forcing the low-income residents of the community to the fringes of the metropolitan area.

Results of survey data indicate that low-income parents feel their top three service needs are employment, affordable child care, and the opportunity to further their education in order to provide a higher quality life for their families. Furthermore, with 376 of the families served by the Metropolitan Action Commission Head Start program speaking a language other than English at home, the provision of multi-lingual and interpretive services remains a critical priority. The Metropolitan Action Commission Head Start program is committed to ensuring that parents receive the highest quality early childhood education available for their children, in order to both lay a foundation for success in their children's lives and concurrently provide parents with the security of knowing their children are nurtured while they are striving to provide better lives for their families.

The comprehensive nature of the Community Assessment provides valuable information to guide the future directions of the Head Start Program. Analysis and evaluation of current data available to the Metropolitan Action Commission Head Start program provides valuable support for the program's current program goals as detailed in the Long Range Strategic Plan. Comprehensive early childhood education, embedded in a program offering a broad base of support for entire families, is crucial to Nashville's low-income population. Additionally, immigrant and refugee families, who have often experienced trauma in their homelands, find encouragement, welcome, and a sense of community in the programs offered through the Metropolitan Action Commission.

While it is understood that families of preschool children will benefit from the opportunity to be involved in effective preschool education programs, it is clear that the opportunities for Head Start enrollment are inadequate, particularly in the South Nashville area, the Madison area, and the fringes of Davidson County. Changes in demographic patterns due to the influx of immigrants and the redistribution of those in poverty from the center of the city to its outer edges have contributed to difficulties reaching eligible children and transporting them within the allocated time. Therefore, the program needs to be both expanded and redistributed, in order to more effectively reach larger numbers of Nashville's children in poverty.

Poverty, unemployment, lack of education and hopelessness result in second and third generations of poverty. Without appropriate and adequate programs involving entire families, there is little hope for this segment of the population to escape this destructive, self-perpetuating cycle. The Metropolitan Action Commission, through the Community Services Block Grant, LIHEAP and Head Start, provides comprehensive programs offering hope to children and families.

Careful consideration of the information found in this Assessment, combined with careful evaluation of program self-assessments and child outcomes data provides a foundation for the both long range strategic planning and the development of short term goals and objectives for the Metropolitan Action Commission Head Start program. As we consider the information provided through this assessment, we reach toward the future with commitment toward assisting all of Nashville's residents, young and old, native and assimilated, achieve their goals for themselves and their families.

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